## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P03000092272

1. Entity Name

M.S. SHELTON CONSTRUCTION INC.



#### FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90229 001 \*\*\*150.00 04-20-2006 90229 002 \*\*\*150.00

Principal Place of Business

110 HIDDEN OAKS LN WINTER HAVEN, FL 33884

US

Mailing Address

110 HIDDEN OAKS LN WINTER HAVEN, FL 33884

US

66010847



4-15-6 863 32612

02222006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0193238

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SHELTON, MICHAEL S 110 HIDDEN OAKS LN WINTER HAVEN, FL 33884

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

VINTER HAVEN, FL 33004		IN THIS SPACE		
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its register	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	nt and title if applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550	9. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees		
10. OFFICERS ANI	DIRECTORS			
TITLE P NAME SHELTON, MICHAEL S STREET ADDRESS 110 HIDDEN OAKS LN WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CHY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY-S1-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY - ST-ZIP	$\sim$			
12. I hereby certify that the information supplied windicated on this report of supplemental report of the corporation or the certify for trystee emchanged, or on an attachment with an address	th this filing does not qualify for the ex- is true and accyrate and that my signa powered to execute this report as requi , with all other like empowered.	emptions contained in Chapter 11 bre shall have the same legal effe red by Chapter 607, Florida Statut	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es, and that my name appears in Block 10 or Block 11 if</li> </ol>	

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M.S. SHELTON CONSTRUCTION INC.

Principal Place of Business

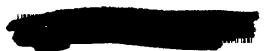
110 HIDDEN OAKS LN WINTER HAVEN, FL 33884 US Mailing Address

110 HIDDEN OAKS LN WINTER HAVEN, FL 33884

US

## ATTACHMENT

Lelo010847



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SHELTON, MICHAEL S 110 HIDDEN OAKS LN WINTER HAVEN, FL 33884

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	named entity submits this statement for the pions of registered agent.	surpose of changing its registered of	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	il applicable. (NOTE: Registered Age	nt signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	, <sub>□</sub>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELTON, MICHAEL S 110 HIDDEN OAKS LN WINTER HAVEN, FL 33884				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TH'LE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<u>-</u> ·				

12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental teport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

BIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-6 863 2005 1275